

Case Number:	CM14-0150344		
Date Assigned:	09/18/2014	Date of Injury:	04/29/2010
Decision Date:	11/05/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/16/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 32-year-old male who reported an injury on 04/29/2010. The mechanism of injury was not clearly indicated. The injured worker's diagnoses included a crush injury of the lower limb, and contracture of the left ankle. The injured worker's past treatments included surgery, and wound care. The injured worker's diagnostic exams included an X-ray of the left ankle on an unspecified date. The injured worker's surgical history included a left ankle surgery and fixation of the right sacroiliac joint in 2014. The exact nature of the left ankle surgery was not clearly indicated. On 07/17/2014, the injured worker complained of left ankle pain, and a bit of back pain. The physical examination revealed an ankle contracture in the plantar area, and a muscle flap on the top of his ankle. The physical examination did not reveal any functional deficits or the severity of the injured worker's pain. The injured worker's medications were not clearly indicated. The treatment plan consisted of the participation in physical therapy for his foot and back, as well as his ankle, for 6 weeks. A request was received for physical therapy 2 times a week for 6 weeks to the left foot and back. The rationale for the request was not clearly indicated. The Request for Authorization form was signed and submitted on 08/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy 2 times a week times 6 weeks for the left foot and back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for physical therapy 2 times a week times 6 weeks for the left foot and back is not medically necessary. The California MTUS Guidelines recommend 9 to 10 visits over 8 weeks for the indication of myalgia unspecified. Based on the clinical notes, the injured worker complained of low back and left ankle pain. He also indicated that his ankle was contracted due to not putting weight on it post operatively. The physical exam revealed that he had an ankle contracture and flap on his ankle. A telephonic case management report indicated that the injured worker had a surgery on 03/09/2012, which was a full thickness skin graft to the left heel with a split thickness skin graft to the left lower extremity. The evidence that the surgery was performed approximately 2 years ago indicates that the injured worker is out of the postsurgical treatment period. The clinical notes failed to indicate the injured worker's functional deficits and decreased ability to perform activities of daily living, as it is noted that the injured worker walked with a boot over his left foot. Also, the request for physical therapy to the back is unwarranted, as the clinical notes do not indicate any functional limitations to the low back. Therefore, due to evidence that the surgery was performed 2 years ago, lack of documentation indicating functional deficits, and the request in excess of 12 visits, the request is not supported. Thus, the request for physical therapy 2 times a week times 6 weeks for the left foot and back is not medically necessary.